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To : Chuck Y. Moh

From: Sheila Lynn Schlitter

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PTO/SB/21 (09-04)

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**TRANSMITTAL  
FORM**

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Total Number of Pages in This Submission

10

Application Number	10/657,643
Filing Date	September 8, 2003
First Named Inventor	Sheila Lynn Schlitter
Art Unit	3676
Examiner Name	Chuck Y. Mah
Attorney Docket Number	

**ENCLOSURES** (Check all that apply)

- |  |  |  |
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| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input checked="" type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD. Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
|--|--|--|

Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

Signature

*Sheila Lynn Schlitter*

Printed name

Sheila Lynn Schlitter

Date

September 6, 2005

Reg. No.

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

*Sheila Lynn Schlitter*

Typed or printed name

Sheila Lynn Schlitter

Date

September 6, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Sheila Lynn Schlitter  
(Name of Applicant)

Heidi Lynn Schittler September 6, 2005  
Signature Date

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of Sheila Lynn Schlitter	)	
	)	
Serial No. 10/657,643	)	Examiner:
	)	
Filed: September 8, 2003	)	Group Art Unit: 3676
	)	
Group Art Unit: 3676	)	
	)	
Examiner: Chuck Mah	)	
	)	
For: MAGNETIC DOORSTOP	)	

**Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

**AMENDMENT UNDER 37 CFR § 1.116**

Sir:

In response to the Office Action mailed June 8, 2005, having a shortened statutory period for response that is set to expire three months from the mailing date of the foregoing Office Action.

**Please amend the claims of the application as follows:**

IN THE CLAIMS

1. (Cancelled)